

Supporting and empowering ostomates



Parastomal Hernias

www.ColostomyUK.org



Stoma helpline:

0800 328 4257



Colostomy UK

We are Colostomy UK. Here if you have questions, need support or just want to talk to someone who lives with a stoma.

Your voice on the bigger issues: advocates for your rights and campaigning to raise awareness of what matters to you; running projects to empower you; building communities to support you.

Contact us

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What is a parastomal hernia?

When a stoma is formed, the surgeon brings the end of the intestine out through the abdominal muscles. The latter provide support for the stoma but, by making an incision in the muscle, a potential weakness is created.

The term parastomal hernia is used to describe a bulge or swelling around/under the stoma. This can occur when the edges of the stoma come away from the muscle, allowing abdominal contents (usually a section of bowel) to bulge out through the abdominal wall.

Parastomal hernias usually occur gradually and often increase in size over time. They can lead to problems with stoma function and bag security. Up to 70% of ostomates develop a parastomal hernia, although not all hernias give rise to symptoms.



Patient with a parastomal hernia



Causes

There are many things that can contribute to the development of a parastomal hernia. These include:

- Being overweight.
- Lack of appropriate exercise.[†]
- Straining (this can happen with heavy lifting or during strenuous activities).
- Infection at the site of the stoma or abdominal wound.
- Abdominal muscles weakening with age.
- Coughing and sneezing.
- Poor stoma siting.
- Emergency surgery.

[†]For a range of medically-approved exercises see our booklet: *Active ostomates: Sport and fitness after stoma surgery*.

Complications and problems

If you suspect that you are developing a parastomal hernia you should make an appointment to see your stoma care nurse. S/he will be able to advise you on management and treatment options. It is also important to do this because in rare cases a section of the intestine can become trapped in the hernia leading to an obstruction or strangulation. If this happens, emergency surgery is required.

Parastomal hernias can make stoma functioning unpredictable, alternating between constipation and diarrhoea. They are also often accompanied by pain at the stoma site or pain felt in the centre of the abdomen. Some people also complain of a dragging and dull ache around the hernia, especially at the end of the day or when they have been particularly active.

As the hernia bulge increases over time, the stoma can become reduced in size or retracted (sunken). This can make it difficult to attach a bag and lead to problems with leakage. The surrounding skin can also become tight and stretched, making it fragile and more susceptible to breaking down or becoming torn when the bag is removed.

Parastomal hernias can also make stoma irrigation more difficult and time consuming to introduce water. The resultant output can also be less satisfactory.



Prevention

The suggestions below all help to reduce the likelihood of a parastomal hernia:

For three months after surgery:

- Avoid heavy lifting, heavy pushing, overstretching/reaching or fully using your abdominal muscles.
- Support your stoma and abdomen when you cough and sneeze.

And then:

- Avoid gaining weight, or try to lose weight if you need to.
- Take regular exercise (please see our booklet: Active ostomates: Sport and Fitness after stoma surgery – You can download this from our website or call us and we will send you a copy).
- Avoid heavy lifting and, when you do lift anything heavy, remember to:
 - Wear a support garment (belt or underwear).
 - Place your feet apart, keep your back straight and bend your knees. Straighten your legs to lift.
 - Keep the object you are lifting close to your body.
- Wear a support garment if you are doing heavy work, or something that involves twisting or stretching (eg decorating).



Patient with a parastomal hernia

Treatment options

Most parastomal hernias do not require surgery and the first line of treatment is to wear a firm stoma support garment. There is a wide selection to choose from in the form of belts, girdles, pants and boxer shorts. At the time of publication, many of these are available on prescription. Your stoma care nurse will discuss your options. We also publish a factsheet detailing lots of different suppliers, which you can download from our website. Alternatively call us for a copy.

If a parastomal hernia is causing pain, becoming unmanageable or you are admitted to hospital with a complication, then surgery might be considered. As with all operations that require an anaesthetic there are associated risks and so in non-emergency situations, this option may not be recommended for some patients (such as those who are elderly or have serious heart or breathing problems). It is also important to recognise that a hernia repair does not guarantee that a new one won't develop.

There are different methods of repairing a hernia. Some are carried out through an incision in the abdomen (open surgery) others are done by keyhole surgery (laparoscopically). A tissue repair at the site of the hernia is usually a simple procedure, but there is a high risk of the hernia recurring. Repair and re-siting of the stoma to a new location on the abdomen is a bigger operation involving a larger incision and obviously creates a new defect in the abdomen and a weakness at the previous stoma site. Current evidence suggests that this should be a final option. Repairing and reinforcement of the hernia site with mesh carries a small risk of infection but the chance of the hernia recurring is lower.

If you have a parastomal hernia and surgical treatment is a consideration, then your consultant will explain the above to you in more detail and answer any questions you have.



Stoma Management

When you have a parastomal hernia it can cause problems with day-to-day stoma management. Your stoma care nurse will be able to help here and let you know about the various products that are available and which might help you.

Securing a bag may be difficult. This problem can be overcome by using **flange extenders** and one and two piece bags with an adhesive border that moulds around the hernia and therefore achieves a good seal around the stoma. Stoma care nurses have access to many new products some of which are designed to fit over hernias.

The **skin around the stoma** can also become tightly stretched and easily damaged as a result. Again, there are products available to address this. **Barrier rings** are useful for protecting skin immediately surrounding the stoma. **Protective film** can also be sprayed or wiped onto the skin.

If you normally **irrigate** then check with your stoma care nurse or consultant to make sure that this method of stoma management is still suitable for you.

A conservative approach to managing your stoma output with a hernia may involve taking some mild laxatives if it is difficult to pass a stool. If your stools are too loose, then dietary manipulation and/or Loperimide may be used to thicken your output. In both cases, advice should be sought from your stoma care nurse.



Barrier rings

Support from Colostomy UK

We hope you found this booklet useful. If you have any further questions or would like to talk to one of our volunteers who has or has had a parastomal hernia, then please call our helpline or e-mail us and we will be happy to arrange this.

We provide:

- A 24-hour free Stoma helpline: **0800 328 4257**.
- Information booklets, leaflets and factsheets about all aspects of **living with a stoma**.
- **Tidings**, a quarterly magazine full of the latest news, articles by stoma care professionals, product information and real-life stories from other ostomates.
- A private Facebook group for supporting each other and exchanging hints and tips.
- A website that provides practical information, details of open days and a directory of organisations, support groups, products and services.



Every 39
minutes
someone in
the UK
has stoma
surgery.

**Help us to support them.
Donate now.**

**Cheque, standing order,
direct debit, debit or credit card:**
visit website
www.colostomyuk.org/donate
or call us on 0118 939 1537.

By text: To donate £5 on your mobile
device please text TCUK to 70970.
To donate £10 text TCUK to 70191.

Thank you for your support.

This booklet is intended for general information and guidance only. If you suspect you may have a hernia it is important to seek advice from a healthcare professional such as your stoma care nurse, GP or surgeon. If you already have a hernia it is important to stay in touch with your stoma care nurse, have regular check-ups and report any changes which may occur.

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Colostomy UK's flagship magazine *Tidings*, is hailed by ostomates and healthcare professionals alike for the support and information that it provides readers with on a quarterly basis.

Visit our website or call us to sign up for your free copy.

How to contact us

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